PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		<u> </u>								
DUE DATES:	February 1	First Semester to County Super 5 to State Superi				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLE	TE THIS CLAIM FO	R STATE REIN	IBURSEME	NT FO	OR SCHOOL	BUS TRANSPOR	TATION:			
This claim is for the period beginning										
CERTIFI	CERTIFICATION:									
The inform	nation on this form is comp	lete and accurate to	the best of my k	nowled	ge.					
Date		Signature, Chair, Bo	ard of Trustees							
County:		District:					District Level:			
50 Teton		0883 Chotea	u Elem				Elementary			

30 16101	I.I.	0003	Chotcau	Licin			Elemen	itai y
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	1	1	98	1.36	60	01/07/05		
50	1	2	72	1.36	60	01/07/05		
50	1	3	92	0.95	36	01/07/05		
50	1	4	94	0.95	47	01/07/05		
50	1	5	52	0.95	30	01/07/05		

PI

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent S: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 50 Teton 0884 Choteau H S **High School** Rate District Route Miles Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # Capacity Inspection 50 1 1 98 1.36 60 01/07/05 2 50 1 72 1.36 60 01/07/05 50 3 92 0.95 01/07/05 1 36 4 94 0.95 01/07/05 50 47 1 5 52 0.95 30 01/07/05 50

OPI	PI
-----	----

100

12

1

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

26.4

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, M⁻	Г 59620-25	01		School Bus	ransportation	County	
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent			
COMPL	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTATION	N:	
This clair	n is for the	period beginning	·	month	day,	20 and en	8	nonth	_, 20 day	
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	plete and	accurate to the	e best of my kn	owledge.				
Date			Signatu	re, Chair, Board	d of Trustees					
County:			District	:				District I	Level:	
50 Tetor	n		0889	Bynum F	Elem			Eleme	entary	
Parcentage	District	Route		Miles Per Day	Rate Per Mile	Canacity	Inspection	Days Operated	Bus Driver's	

36

01/17/05

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

		πα, ππ	33020-23	<u> </u>						
First Semester February 1 to County Superintendent February 15 to State Superintendent								County Super	intender	ıt
ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR S	CHOOL	BUS TRA	NSPORTATION	N:	
n is for the	period beginning	S		,	20 ar	d ending _			_, 20	
		n	nonth	day			m	onth	day	
ICATIO	N:									
mation on	this form is comp	lete and a	accurate to the	e best of my kn	owledge.					
		Signatur	e, Chair, Board	d of Trustees						
		District:						District 1	Level:	
1		0890	Fairfield	Elem				Elemo	entary	
District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ty l	nspection	Days Operated	s	Bus Driver's ocial Security #
21	1		102	0.95	48	1	12/28/04			
21	2		100	1.15	58	1	12/28/04			_
21	3		100	1.15	58	1	12/28/04			
21	4		56	1.15	52	1	12/28/04			
21	5		118	0.95	40	1	12/28/04			
	ETE THE In is for the ICATIO mation on District # 21 21 21 21	February 1: February 1: February 1: ETE THIS CLAIM FO In is for the period beginning ICATION: The period beginning ICATION	First Se February 1 to Cour February 15 to Sta ETE THIS CLAIM FOR STA In is for the period beginning ICATION: mation on this form is complete and a Signatur District: 1 0890 District: # # 21	First Semester February 1 to County Superint February 15 to State Superint ETE THIS CLAIM FOR STATE REIME In is for the period beginning month ICATION: The period beginning month I	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN in is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent February 15 to State Superintendent	First Semester February 1 to County Superintendent February 15 to State Superintendent February 15 to State Superintendent	First Semester February 1 to County Superintendent May 10 to February 15 to State Superintendent May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRAIN is for the period beginning	First Semester Second Semest February 1 to County Superintendent May 10 to County Superintendent May 24 to State Superintendent May 10 to County Superintendent May 10 to County Superintendent May 24 to State Superin	First Semester February 1 to County Superintendent February 15 to State Superintendent February 15 to State Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: In is for the period beginning

PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

	— 11010	iia, ivi i	33020-23	01						
First Semester February 1 to County Superintendent February 15 to State Superintendent								o County	Superintender	nt
ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR S	CHOOL	BUS TRA	NSPORT	ATION:	
n is for the	period beginning	S		,	20 an	d ending _			, 20	_•
		1	nonth	day			m	onth	day	
ICATIO	N:									
mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
		Signatur	re, Chair, Board	d of Trustees						
		District:							District Level:	
1		0891	Fairfield	HS					High School	
District #	Route #		Miles Per Day	Rate Per Mile	Capacit	y I	nspection		•	Bus Driver's Social Security #
21	1		102	0.95	48	1	12/28/04			
21	2		100	1.15	58	1	12/28/04			
21	3		100	1.15	58	1	12/28/04			_
21	4		56	1.15	52	1	12/28/04			
21	5		118	0.95	40	1	12/28/04			
	ETE THE In is for the ICATIO mation on District # 21 21 21 21	February 1: February 1: February 1: ETE THIS CLAIM FO In is for the period beginning ICATION: The period beginning ICATION	First So February 1 to Cou February 15 to Sta ETE THIS CLAIM FOR STA In is for the period beginning ICATION: mation on this form is complete and Signature District: 1 0891 District: # # 21	First Semester February 1 to County Superint February 15 to State Superint ETE THIS CLAIM FOR STATE REIME In is for the period beginning month ICATION: The period beginning month I	February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMEN In is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR Some is for the period beginning	First Semester February 1 to County Superintendent February 15 to State Superintendent February 15 to State Superintendent	First Semester February 1 to County Superintendent May 10 to February 15 to State Superintendent May 24 to ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSIN is for the period beginning	First Semester Second May 10 to County May 24 to State Superintendent May 10 to State Supe	First Semester February 1 to County Superintendent February 15 to State Superintendent February 15 to State Superintendent February 15 to State Superintendent ETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: In is for the period beginning

PI

50 Teton

Percentage

100

100

District

28

28

Route

#

1

2

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

0893 Dutton K-12 Schools

Rate

Per Mile

0.95

0.95

Miles

Per Day

154

111

School District Claim for State Reimbursement for School Bus Transportation

High School

Days

Operated

State	
District	
County	

Bus Driver's

Social Security #

		, , , , , , , , , , , , , , , , , , ,					
DUE DATES:	February 1	First Semester to County Supering to State Supering			Second May 10 to County May 24 to State S	-	
COMPLE	ETE THIS CLAIM FO	OR STATE REIM	BURSEMEN'	Γ FOR SCHOOL	BUS TRANSPORT	TATION:	
This claim	is for the period beginning	S	, 2	0 and ending _		, 20	
		month	day		month	day	
CERTIFI	CATION:						
The inform	nation on this form is comp	lete and accurate to th	e best of my kno	wledge.			
Date		Signature, Chair, Boar	d of Trustees				
County:		District:				District Level:	

Capacity

36

48

Inspection

None

None

0	PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:		February 1 t	First Semester to County Supering to State Supering			Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
This clain	n is for the	period beginning		d ending		, 20					
			month	day		0		day			
CERTIF	ICATIO	N:									
The infor	mation on	this form is compl	ete and accurate to th	e best of my kn	owledge.						
Date			Signature, Chair, Boar	d of Trustees							
County:			District:				District	Level:			
50 Tetor	1		0894 Power E	lem			Elem	entary			
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacit	y Inspection	Days Operated	s	Bus Driver's ocial Security #		
70	30	1	111	0.95	48	01/13/05					
70	30	2	116	0.95	48	01/13/05		<u> </u>			
70	30	3	93	1.36	60	01/13/05					

PI	

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:		February 1 February 15	5 to Sta	nty Superin te Superint	endent		Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
This clain	n is for the	period beginning	g		,	20 and	d ending _			, 20	
			n	nonth	day			r	nonth d	lay	
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and a	accurate to the	e best of my kn	owledge.					
Date			Signatur	e, Chair, Board	l of Trustees						
County:			District:						District L	evel:	
50 Tetor	1		0895	Power H	S		High School				
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacit	y I	nspection	Days Operated	Bus Driver's Social Security #	
30	30	1		111	0.95	48	(01/13/05			
30	30	2		116	0.95	48	(01/13/05			
30	30	3		93	1.36	60	0	01/13/05			
	20 20 20 20 20 20 20 20 20 20 20 20 20 2										

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

School District Claim for
State Reimbursement for
School Bus Transportation

State	
District	
County	

		Hele	ena, Mī	Г 59620-25		School Bus Transportation —					
DUE DATES:		February 1 February 1	to Cou				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPL	ETE TH	IS CLAIM FO	R STA	TE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRA	NSPORTATION	:		
This claim is for the period beginning											
CERTIF	ICATIO	N:									
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.					
Date			Signatur	re, Chair, Board	d of Trustees						
County:			District:	:			District L	evel:			
50 Teton 0896 Golden Ridge Elem								Eleme	ntary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	s	Bus Driver's Social Security #	
100	45	1		48.6	0.95	19	01/04/05				

0	PI

District

75

75

Percentage

100

100

Route

#

1

2

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

Miles

Per Day

54

56

Rate

Per Mile

0.95

0.95

School District Claim for State Reimbursement for **School Bus Transportation**

Days

Operated

Bus Driver's

Social Security #

	Tield	311a, III 1 03020 2	2001							
DUE DATES:	February 1	First Semester to County Super 5 to State Superi			Second Semester May 10 to County Superintendent May 24 to State Superintendent					
COMPLE	COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This claim is for the period beginning										
CERTIFI	CATION:							-		
The inform	nation on this form is comp	olete and accurate to	the best of my	knowled	ge.					
Date		Signature, Chair, Bo	oard of Trustees							
County:		District:					District Level:			
50 Teton		0900 Greenf	ield Elem				Elementary			

Capacity

48

48

Inspection

01/20/05

01/20/05